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D SCOTT JUN 2 2 2017

COVER LETTER

Division of Corporations
SUBJECT: THE DRUNKEN CAPBAGE UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Kester Name of Person
THE DRYNKON CABBATER LIC
3007-LOSTH STE
Palmetto R 3421 City/State and Zip Code Jessica Koslev Colltook Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OESICA KESLER 1727, 642-1081 = Area Code Davime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee \$\Limits \limits \limit

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it New appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/2010 and assigned

Florida document number 1/2010 and assigned

Florida document number 1/2010 and assigned

Florida document number 1/2010 and assigned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ESHAUS*

ESHAUS*

ESHAUS*

ESHAUS*

ESHAUS*

**Lamber of New Registered agent and/or registered office address on our records, enter the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

DATE OF 10-544

**STE

(Principal office address MUST BE A STREET ADDRESS)

DATE OF 10-544

(Mailing address MAY BE A POST OFFICE BOX)

DATE OF 10-544

(Mailing address MAY BE A POST OFFICE BOX)

**Parameter of the new registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:

**Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address.

**Enter Flo

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Morgan Kester	3007105m STE Palmetto Fr 34221	X Add
)	Palnetto Fr 34221	Remove
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nn effective date is lis ote: If the date ins	ther than the date of fi sted, the date must be specific serted in this block does n e date on the Department	c and cannot be prior to c not meet the applicable	late of filing or more than the statutory filing require	(optional) 90 days after filing.) Pu ements, this date will	rsuant to 605.02 not be listed .
record specific The 90th day a	es a delayed effectiv after the record is file	re date, but not a ed.	n effective time, a	t 12:01 a.m. on	the earlier
red June	- 19th	2017	.		JUN 21 PI
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Page 3 of 3

Filing Fee: \$25.00